

SCUTTLEBUTT

Naval Hospital Camp Lejeune

JANUARY 2011

Navy Hospital Corpsman 2nd Class Nicholas Cockrill, medical evacuation coordinator, Naval Hospital Camp Lejeune, discusses patient transport and in-flight medical treatment for medically evacuated Sailors and Marines with an Air Force flight surgeon/nurse onboard a simulated MEDEVAC flight arriving at New River Air Station, N.C., Nov. 5.

U.S. Navy photo by Hospital Corpsman 3rd Ryan John Keith

Inside ...

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wounded warrior program

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prescription drugs

Introducing “Medical Home”

Captain's Corner



Capt. Daniel J. Zinder
Commander
Naval Hospital Camp Lejeune

Happy New Year and welcome to the first edition of *Scuttlebutt*!

Scuttlebutt provides a forum to share stories, pass information, update our staff, and most of all, enjoy many of the great things going on at Naval Hospital Camp Lejeune.

In addition to *Scuttlebutt*, the New Year brings with it excitement and anticipation of things to come. As we carry forward much of the good from 2010, the coming year will bring new challenges.

Give 'em something to talk about!

Like many of you, I have numerous opportunities to interact with various military and civilian organizations in the performance of my job, and as a private citizen. I can tell you that it is virtually impossible for me to attend any meeting or gathering in town, both on the base and often times during TAD, without having at least one person stop me to offer positive comments about the incredible job that you do day in and day out, as part of the NHCL team.

As a command, we are blessed, honored and privileged to take care of this nation's war fighters, retirees and family members. It is abundantly clear to me, and obviously to others, that you perform your job so well! Not only because of the pay, but equally as important, because your heart is in it!

Perhaps there is no greater service than to wear the military uniform while serving our country; however, it goes without saying that the service and support that you provide to the active duty, retirees and family members CANNOT be measured in dollars and cents.

Please keep up the good work and "let's give them something to talk about"!

Raymond Applewhite
Public Affairs Officer
Naval Hospital Camp Lejeune



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With the exceptional attitude and capabilities of our staff, we will meet those challenges head on. We will continue to provide quality care; lead our people; and manage our business, so we can deliver outstanding healthcare to everyone entrusted to us.

As we move into 2011, we constantly want to seek ways to raise the margin of safety for our patients. In this new year, you will see renewed emphasis on continuous process improvement and patient safety initiatives. Embrace them and take them on as your own as we work together to make this the best possible facility to work and to receive care.

I encourage you to use *Scuttlebutt* to show off your people and what you do! Bragging about our staff is one of my favorite things to do. Each of you should feel equally proud of your coworkers and what you are doing. Let the world know by writing a short article for *Scuttlebutt*.

Finally, a big thank you and BZ! to Mr. Applewhite and Ms. Hancock in our PAO shop for putting this paper together. It was no small undertaking. Thank you for providing this forum for our command!

D. J. ZINDER
Captain, Medical Corps
United States Navy
Commanding Officer

scut-tle-butt

n.

1. Slang for spoken communication; through the grapevine

2. Nautical

a. A drinking fountain on a ship; gathering place

b. A forum for NHCL staff to get 'insider info'

SCUTTLEBUTT



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Introducing Medical Home

By Anna Hancock
NHCL Public Affairs

How active is your role in taking care of your personal health? Naval Hospital Camp Lejeune doctors and nurses think that you are one of the most important factors in determining the quality of your health, and will ring in the new year by introducing a program to about 5,000 Family Medicine Clinic patients called Medical Home. Medical Home reinforces NHCL staff members' beliefs by giving patients the power to take charge of their personal health.

"...[Patients] will always talk to a member of their health care team, and know that we are always looking out for their care."

Medical Home places the patient at the center of every health care decision by opening up the lines of communication between a team of medical staff, and providing patients with closer, more personalized care. Probably the most remarkable improvement patients will see is same-day access for health care needs and a new Web-based communication service called, Relay Health. Relay Health connects patients to their Medical Home team securely and efficiently, and gives patients the options to converse with their medical team electronically.

"Ideally, Relay Health, decreases the chances of phone tag and unanswered patient concerns," explains Lt. Cmdr. Steven Yaden, Navy Nurse

SEE MEDICAL HOME page 8

NHCL breaks ground on \$78 million dollar MILCON project

By Pat Alford
Command Suite

A major milestone in the life of Naval Hospital Camp Lejeune was made Dec. 2, with the ceremonial ground breaking for the hospital's \$78 million dollar military construction (MILCON) project. Navy Capt. Daniel J. Zinder, commanding officer, Naval Hospital Camp Lejeune, was joined by Marine Corps Col. Daniel J. Lecce, commanding officer, Marine Corps Base Camp Lejeune, representatives from Navy Medicine East, as well as the design and construction teams, to turn the ceremonial shovels marking the momentous occasion.

The two-part project, which will take about 4 years to complete, is the first major renovation project since the facility was originally built in 1983. Plans include first constructing an additional 109,000 square feet to the facility then renovating nearly 200,000 square feet of the existing hospital. Phase one, construction, is anticipated to be complete by January 2013. Phase two, renovation, is anticipated to be complete by January 2015.

The construction expansion piece will bring several building improvements to NHCL, including a new outpatient wing to the hospital. Patients will see an expansion in six medical clinics: Family Medicine Clinic; Dermatology Clinic; Orthopedic Clinic; Physical and Occupational Therapy Clinic; Ophthalmology and Refractive Surgery Clinic; and the Ear, Nose and Throat Clinic. NHCL's Emergency Department patient capacity will also increase from 10 to 16 beds and provide space for the future ED renovation of an Urgent Care Center. The initial expansion phase also includes the construction of an in-house Magnet Resonance Imaging (MRI) department.

Upon the culmination of phase one, outpatient clinical service facilities such as Ancillary Services, Pediatrics, Mental Health, General Surgery and Pain Management, will begin to be renovated. Plans during phase two also include facility improvements to Patient Services and Medical Records, and the centralization of other administrative offices.

NHCL's planned construction and renovation project will further enable Navy and Marine Corps leadership the ability to provide the most up-to-date, quality healthcare and ultimately contribute to the Corps' operational readiness and success.



U. S. Navy photo by Navy Hospitalman Bryan Acevedo

Turning the ceremonial shovels for Naval Hospital Camp Lejeune's \$78 million dollar, 4-year construction and renovation project on Dec. 2, are: Lindsay Hathcock, construction manager, Naval Hospital Camp Lejeune; John Lawson, chief executive officer, W.M. Jordan Company; Steven Wells, project engineer, Naval Facilities Engineering Command; Tracy Bond, principal partner, SmithGroup and Clark-Nexen; Navy Capt. Daniel Zinder, commanding officer, Naval Hospital Camp Lejeune; Marine Corps Col. Daniel Lecce, commanding officer, Marine Corps Base Camp Lejeune; Navy Cmdr. Marc Delao, commanding officer, Office in Charge of Construction; and Debra Mortland, health facilities planning officer, Navy Medicine East.

NHCL launches program to assist v

MEDEVAC WE

By Anna Hancock
NHCL Public Affairs

For the Marines and Sailors who are injured on the battlefield then get medically evacuated to the Camp Lejeune area, Naval Hospital Camp Lejeune staff members have raised the bar for their healthcare needs. MEDEVAC Welcome Back, a program introduced in mid-November, is designed to expedite care to the approximate 30 — 40 Wounded Warriors returning from combat each month with non-acute injuries.

In with the new

Navy Capt. Daniel Zinder, commanding officer, Naval Hospital Camp Lejeune, noted that the idea stemmed from casual conversations he had with retired Marine Lt. Col. Timothy Maxwell, one of the founders of Wounded Warrior Regiment, while at Zinder's previous command. Both recognized the opportunity to increase the hospital's margin of safety when caring for wounded Sailors and Marines, and the opportunity for the Family Practice residents to learn about the conditions that are not compatible with deployment and staying forward in a combat environment.

When Zinder arrived to NHCL and discussed the idea with NHCL staff, a team immediately came together to work out the details and coordination necessary. After more than 2 months of extensive preparation and a two-week long trial run, MEDEVAC Welcome Back was formally introduced.

Out with the old

In a blog post featured on DoD Live, Medical Monday, Nov. 29, Zinder wrote about the old MEDEVAC process.

"MWB replaces the current process where the member checks in with their unit's non-deployed 'remain behind element' medical section a day or two after arrival [to the Camp Lejeune area] to receive consults and await appointments. Often the member will take convalescent leave prior to hospital specialist evaluation."

Since the patient is transported to the hospital the minute they touch down in the area, this improved process reduces the wait times that medically evacuated Sailor and Marines were once faced with.

How the program works

MEDEVAC coordinators lead the efforts by assisting with the logistical arrangements to transport the wounded service member directly from the flight line to the Naval Hospital. A box meal is

available for the patient in the van. Coordinators then notify the MWB medical team to be on standby for the service member's arrival and immediate medical examination.

"Once the patient arrives to the hospital," explained Zinder, "the duty chief resident physician evaluates the patient with a standardized clinical examination to assess the clinical reason for MEDEVAC, any evidence of condition change during travel, and any other areas of health in need of care."

The duty resident physician then writes any appropriate consults and the patient is given a "Passport". Specialty appointments are made available for the service member on the next business day and the passport gives the patient head of the line privileges in the consulted clinic. When necessary, case managers are also assigned to the patient to assist with scheduling appointments, providing appointment reminders, and remaining available for patients to answer any of their questions.

"The MWB program immediately opens the lines of communication to an entire team of medical professionals who will be involved in caring for the service member," said Navy Capt. Sarah Martin, director, Nursing Services, and one of the program's creators.

Serving those who serve

As of late Nov., more than 7 patients benefited from the new processes and community support. One of MWB's first patients, Marine Sgt. Devin Lerch, was stationed with Camp Lejeune's 2nd Battalion, 6th Marine Regiment in Afghanistan when an improvised explosive device detonated five feet away from where he stood on Oct. 15. Suffering a perforated left eardrum, his command evaluated his condition and decided that coupled with the mild Traumatic Brain Injuries he previously sustained in past deployments; he needed to be MEDEVAC'd from the area and return to his remain behind element on Camp Lejeune.

"When I got injured and was told I had to go home, I didn't know what to expect or what would happen next," explained Lerch.

During an interview between Zinder and Lerch, Lerch commended the hospital staff's efforts.

"When I got here, a corpsman escorted me right off the plane that brought me back to the states, gave me something to eat, a 'Welcome

with Wounded Warrior medical care WELCOME BACK

Home' bag from the USO, and made sure I was taken care of. This whole time everyone made sure I was taken care of."

Lerch continued to note how his short-term memory loss, a medical condition that he likely sustained from a combat injury, makes it difficult for to remember things like appointments and details.

"Having a case manager has been a huge help. She made all of my medical appointments and answered every question my wife and I had," stated Lerch. "NHCL staff really covered everything."

Providing a temporary 'Home' for patients

Recognizing that the bulk of MEDEVAC patients arrive to the area overnight, support and initial medical treatments are provided twenty-four hours a day, seven days a week. If during the initial consultation, admission is not warranted, NHCL designated a room in the hospital barracks to provide berthing for the patient, until the patient's specialist examination the following workday. If the patient's families are local, the program allows for patients with non-critical injuries to return home to their families at the earliest point possible.

It's a community thing

The outpour of support from local organizations has not ceased. NHCL has received donated items for the barracks room by the Semper Fi Fund and "Welcome Home" bags of toiletries and snacks from the USO. The Fisher House organization has also made rooms available for out-of-town families who have traveled to the area to care for the patient.

"We have seen the community and hospital rally around this program upon its creation and inception," explained Navy Hospital Corpsman 2nd Class Nicholas Cockrill, the lead MEDEVAC coordinator. "The non-profit organization, Semper Fi Fund, even donated an XBOX for the Sailor or Marine to use in the barracks room."

Caring for Wounded Warriors from start to finish

As Nita Hedreen, director of Healthcare Business, and key player in the program's conception noted, "MEDEVAC Welcome Back really lets us wrap our arms around each patient and walk them



U.S. Navy photo by Navy Hospital Corpsman 3rd Class Ryan John Keith

Navy and Marine Corps medical flight teams prepare the flight line to discharge medically evacuated (MEDEVAC) patients flown into New River Air Station, N.C., during a simulated MEDEVAC exercise, Nov. 5.

through what can be an overwhelming situation, from when they touch down in the area for medical assistance to when they return to their unit after their medical treatments are complete."

As for Sgt. Lerch, he is now at the end of his medical treatments and enjoying time with his family in Wilmington, on convalescent leave.

"We always want the best for our patients and to do the right thing," said Hedreen. "Especially the patients who put their lives on the line."

HOSPITAL ROUNDS

NHCL staff members celebrate the holidays



Photos by NHCL staff members

Congratulations NHCL sailors selected for promotion!

HM1

Gatlin Tara India
Morrison George Calhoun III
See Elizabeth G
Shaw Nija Shanakie
Smith Nicole Erin
Vitug Renato Lacuesta II

HM2

Ayim Emmanuel
Brown Brennon Michael
Cook Alexandra Gail
Edwards Marcus Russell
Edwards Shaneka Nicole
Eimicke Jonathan Martin
Grzebyk Haley Christine
Lane Brenton JR
Manning Amanda Ashley
Matlin Hanah Elizabeth
Rautenkranz Jennifer Ann
Swackerd Tobias Maurice

CS2

Watts Daron Edward

SH2

Belton Valencia Omega

HM3

Brown Ryan Samuel
Cannon Dominique Antione
Crenshaw Ashley Nicole
Davis Perry Duane
Dickerson Michael Joseph
Heaslip Darren Michael JR
Hernandezmarquez Adam
Jarvis Nathaniel Luke
Looney Nicole Marie
Morrow James Maurice
Peevey Susanna
Rivera Joshua
Simmonds Megan Dawn
Small Edward Vincent IV
Vredenburg James Joseph



U.S. Navy photo

Navy Capt. Daniel Zinder, commanding officer, Naval Hospital Camp Lejeune (second row, far right) and Navy Command Master Chief Terry Prince (back row) are all smiles during the group photo at the conclusion of the Frocking ceremony held at NHCL Dec. 10.

An average day in 2010...

The core hospital and six branch health clinics served **150,000 eligible beneficiaries**, saw **1,526 outpatients**, performed **16 same-day surgeries**, filled **2,700 prescriptions**, conducted **2,400 lab tests**, delivered **6 babies**, and admitted **13 patients**. Way to go NHCL team!

Improving Patient Safety and Quality of Care

Happy New Year to all NHCL staff members! I hope you all had an opportunity to relax, regroup, and refresh during the Holiday Season.

Our Commanding Officer, Board of Directors, Medical and Nursing Staff Leadership are truly committed to patient safety, assuring an environment that encourages error identification, remediation, non punitive reporting, and prevention through education, system redesign and process improvement for any adverse events.

As part of our ongoing efforts to improve patient safety, quality and experience of care for our beneficiaries, we established the Command Quality Council a few months ago to serve as the forum for our command to conduct Performance Improvement (PI) communications.

Highlights and functions of the Command Quality Council:

- Plan, monitor performance, analyze current performance, and improve and sustain improvements of processes of patient care through multidisciplinary teams.
- Provide a mechanism for establishing organization-wide PI priorities.
- Facilitate dissemination, discussion, and understanding of clinical and management data among medical staff and hospital staff members.
- Measure the organization's key outcomes, activities, and processes to support safety, improvement, innovation, and learning.
- Provide a mechanism by which medical staff and hospital staff members are educated in PI principles and processes.
- Develop an environment that encourages and empowers staff to identify and address issues through the PI process.

The Quality Council is chaired by the Executive Officer, and is made up of Chair of Executive Committee of the Medical Staff (ECOMS), Chair of Executive Committee of Nursing Staff (ECONS), Directorate Representatives, and other subject matter experts. The Quality Council has identified the following five Priority Focus Areas for 2010/2011:

1. National Patient Safety Goals
2. HEDIS Measures
3. ORYX Measures
4. Quality Goals
5. Communications

In November 2010, we conducted a command wide survey on patient safety to gauge where we are on the transparency spectrum and to build the improvement capability necessary to create and sustain a culture of patient safety and quality of care. Your participation and responses are very much appreciated and we look forward to sharing the results with all staff members.

Next Steps:

- Analyze the patient safety survey and present findings to the Command Leadership and other staff members by end of Jan 2011.
- Engage Directorate PI advocates and develop Performance Improvement plan of actions and milestones.
- Present, execute, and monitor Performance Improvement plans.

It is truly an honor to serve as your Executive Officer and I look forward to working with everyone of you as we continually strive towards creating an evidenced based culture of patient safety and improving the quality of care for our beneficiaries. I also look forward to providing more detailed information on each of the Quality Council's five Priority Focus Areas in future articles. Once again, Happy New Year to each and everyone of you.

Pius Aiyelawo
Captain, Medical Corps
United States Navy
Executive Officer

Drug-Take-Back program collects 20,000 pills

By Raymond Applewhite
NHCL Public Affairs

Naval Hospital Camp Lejeune joined forces with the long arm of the law, Marine Corps Base Provosts Marshal's office, Dec. 4, for a Drug-Take-Back program.

The program allowed Marines, Sailors, retirees and family members to turn in old or expired prescription drugs without hassle. The event was highly successful and participants from throughout the base and local community turned in a colorful assortment of 20,000 pills of various shapes and sizes. A number of inhalers, creams and pre-filled medical syringes were also turned in.

The Drug-Take-Back program is designed to help the community help itself

by safely turning in medications, which will help the environment, aid in the prevention of medications falling into the hands of children and also help prevent accidental overdose or misuse.

"We had many parents appreciate the initiative," said Navy Hospital Corpsman 2nd Class Timothy Ashburn, a certified pharmacy tech and volunteer at the Drug-Take-Back Program. "Parents were dropping off their medications to be sure they were protecting their children and children's friends. Many attested to how their own medicine cabinet was a dangerous place."

This was the first time that the nationwide program was co-hosted by the hospital and Military Police at Camp Lejeune. The event was spearheaded by Lt Sonja Diaz-Sevilla, NHCL pharmacist. Several

members of the hospital Junior Enlisted Association were on hand to help with the collection of the medications. The hospital staff hopes to see the event continue on a quarterly basis.

The Camp Lejeune base Provost Marshal's office was in-charge of ensuring that the medications were turned into a designated Environmental Protection Agency approved facility charged with the safe disposal of all of the medications.

"The Naval Hospital is proud to participate in the community event," said Navy Capt. Daniel Zinder, commanding officer, Naval Hospital Camp Lejeune. "We look forward to participating in future community events, which like this one, will have an all-around great benefit for all involved."



U. S. Navy photo by Navy Hospitalman Timothy Buchheit

Program volunteers count unused or expired medications collected from patrons at the Drug-Take-Back event. Volunteers collected more than 20,000 units of medication.



U. S. Navy photo by Navy Hospitalman Bryan Acevedo

Members of Naval Hospital pharmacy staff, Junior Enlisted Association, and Provost Marshal's office collect expired or unused medications.

MEDICAL HOME from page 2

Corps Officer assigned to the Family Medicine Clinic. "Patients can log into this secure network, email their provider, and expect a timely response from a member of their Medical Home team."

NHCL staff members will also be proactively monitoring health care needs and contact patients regarding timely routine and follow-up care, as well as offering preventative health care information.

"Patients may not always be able to talk directly to their doctor on the phone," explains Yaden, "But they will always talk to a member of their health care team and know that we are always looking out for their care."

Yaden continued to note that Medical Home

provides the model, resources, technology and concepts that will maximize everyone's efforts.

The program will be introduced to about 15,000 patients in the Family Medicine Clinic. Implementation will be conducted in a phased approach, starting with the Blue Team Jan. 1, then the White Team and Red Team shortly thereafter. It has been introduced to several Military Treatment Facilities around the country, and the patient-centered concepts are common successful practices amongst civilian physicians.

For patients who do not have Internet access, the hospital appointment line, 450-HELP (4357), is still available. While all patients will still be receiving the same quality healthcare, Family Medicine Clinic patients can expect to see their transformation into Medical Home by the summer of 2011.